



PDR

DEPARTMENT OF DEFENSE
TRICARE SUPPORT OFFICE
AURORA, COLORADO 80045-6900

CHANGE 62
OCHAMPUS 6010.50-M
September 15, 1997

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
AUTOMATED DATA PROCESSING AND REPORTING MANUAL**

THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS MANUAL 6010.50-M, REISSUED JULY 1992:

PAGE CHANGE(S): CHAPTERS 2, 5 and 6

REMOVE AND INSERT PAGE(S): (See page 2 of this transmittal)

SUMMARY OF CHANGE(S): THIS CHANGE IMPLEMENTS ADDITIONAL REGIONAL, MULTI-REGIONAL AND NATIONAL SPECIALIZED TREATMENT SERVICES (STSs) AND UPDATES PREVIOUSLY IMPLEMENTED STSs. THIS CHANGE IS ISSUED IN CONJUNCTION WITH OPERATIONS MANUAL CHANGE NO. 100, COM-FI MANUAL CHANGE NO. 97, AND POLICY MANUAL CHANGE NO. 20.

EFFECTIVE DATE AND IMPLEMENTATION: UPON DIRECTION OF THE CONTRACTING OFFICER.

A handwritten signature in black ink, appearing to read "Sheila H. Sparkman", is positioned above the printed name.

Sheila H. Sparkman
Director, Program Development and Evaluation

ATTACHMENT(S): 68 PAGE(S)
DISTRIBUTION: 6010.50-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

CHANGE NO: 62
OCHAMPUS 6010.50-M
September 15, 1997

REMOVE PAGE(S)

CHAPTER 2

2.VIII-15 & 2.VIII-16

CHAPTER 5

5.II-5 THROUGH 5.II-8

5.IV-9 & 5.IV-10

5.VI-21 & 5.VI-22

CHAPTER 6

6.II-1 THROUGH 6.II-49

6.IV-9 & 6.IV-10

6.V-3 THROUGH 6.V-8

INSERT PAGE(S)

2.VIII-15 & 2.VIII-16

5.II-5 THROUGH 5.II-8

5.IV-9 & 5.IV-10

5.VI-21 & 5.VI-22

6.II-1 THROUGH 6.II-50

6.IV-9 & 6.IV-10

6.V-3 THROUGH 6.V-8

Data Requirements

Chapter

2

Data Element Definition

Element Name: Special Processing Code (Continued)

**Code/Value Specifications
(Continued)**

- W Not-At-Risk payment by at-risk claims processor
- X Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
- Y Heart-Lung Transplant
- Z Combined Liver-Kidney Transplant or Kidney only after March 1, 1997
- ! Northern Region Coordinated Care
- @ Active Duty Cost Share Ambulatory Surgery Taken From Professional Claim.
- # Hospice
- \$ Capitated arrangements
- % Abused Dependents
- & Bone Marrow Transplants - OCHAMPUS approved
- * VA Medical Center Claim
- ? Ambulatory Surgery Facility Charge
- PO TRICARE Prime - Point of Service
- BD Bosnia Deductible - 12/8/95
- MH Mental Health Active Duty Cost Share
- AD Active Duty Claims
- ST Specialized Treatment

Algorithm N/A

Subordinate and/or Group Elements

Notes and Special Instructions:

- ¹ Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill. Refer to Addendum K for hierarchy to apply when more than 1 Special Processing Codes must be reported.

Data Element Definition**Element Name:** Special Processing Code (Continued)**Subordinate****Group**

N/A

Processing Code

Notes and Special Instructions:

- ¹ Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill. Refer to Addendum K for hierarchy to apply when more than 1 Special Processing Codes must be reported.

Institutional Edit Requirements

Element Name: NAS Number (1-110)

Validity Edits

1-110-01 IF NAS NUMBER IS CODED

POSITIONS 2 - 4 (DMIS FACILITY #), MUST BE VALID (USER SUPPLIED: USE MTF NUMBERS). POSITION 1 MUST BE ZERO.

POSITIONS 5 - 8 (JULIAN DATE; FORMAT: YDDD), Y MUST BE 0 - 9, DDD MUST BE 001 - 366.

POSITIONS 9 - 11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.

OR

POSITIONS 1-2 MUST BE '46' OR '47' AND POSITIONS 3-11 MUST BE ZEROS, AND EITHER DATE OF ADMISSION < 11/1/92 OR FILING STATE/COUNTRY CODE ≠ NUMERIC OR 'PR'.

IF NAS NUMBER IS NOT CODED, MUST BE BLANK-FILLED.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PATIENT ZIP CODE	SEE BELOW	ADMISSION DATE
NAS EXCEPTION REASON	SEE BELOW	PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, ADMISSION DATE, PROGRAM INDICATOR
SPECIAL PROCESSING FLAG	SEE BELOW	

Edited Element Relationship

1-110-02R IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA (CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE)

NAS NUMBER MUST = BLANK

UNLESS SPECIAL PROCESSING CODE = 'ST'

1-110-03R IF NAS EXCEPTION REASON IS NOT BLANK

NAS NUMBER MUST = BLANK

1-110-04R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

EXT.

IF NAS EXCEPTION REASON = BLANK AND PATIENT ZIP CODE IS IN A CATCHMENT AREA (CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE)

NAS NUMBER MUST BE CODED, UNLESS

SPONSOR BRANCH OF
SERVICE

C CHAMPVA

HEALTH CARE PLAN CODE

11 MCS - FORT BRAGG DEMO

Chapter 5

Institutional Edit Requirements

Element Name: NAS Number (1-110) (Continued)

ANY OCCURRENCE OF DENIAL REASON CODE	9 NAS NOT PROVIDED
	2 INELIGIBLE CLAIMANT
	A DEERS
	N MULTIPLE DENIAL REASONS
SPECIAL PROCESSING CODE	ST SPECIALIZED TREATMENT
ANY OCCURRENCE OF OVERRIDE CODE	C GOOD FAITH PAYMENT
PROGRAM INDICATOR	H PROGRAM FOR PERSONS WITH DISABILITIES OR
SPONSOR STATUS	T NATO
IN WHICH CASE NAS NUMBER MUST BE BLANK	
1-110-05R IF SPECIAL PROCESSING CODE	I BERGSTROM AFB CATCHMENT AREA
	J LUKE/WILLIAMS AFB CATCHMENT AREA
NAS NUMBER MUST NOT = 46000000000.	
1-110-06R IF BEGINNING DATE OF CARE ≥ 9/23/96 AND	
ENROLLMENT STATUS	E MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O NEW ORLEANS PRIME
	H MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z MANAGED CARE SUPPORT PRIME, MTF/PCM
EXIT.	
IF NAS EXCEPTION REASON = BLANK AND (DRG = 104, 105, 106, 107, 108, OR 112 AND PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER (042) 200 MILE AREA AND BEGIN DATE OF CARE ≥ MARCH 1, 1997) OR (DRG = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636 AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997) OR (DRG = 104, 105, 106, 107, 108, 110, 111, 112, 124, 125 AND PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997)) NAS NUMBER MUST BE CODED.	
<u>UNLESS</u> SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR SPONSOR STATUS = T (FOREIGN MILITARY) OR	

Institutional Edit Requirements

Element Name: NAS Number (1-110) (Continued)

ANY OCCURRENCE OF	9	NONAVAILABILITY STATEMENT NOT PROVIDED
DENIAL REASON CODE	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > 0
IN WHICH CASE NAS NUMBER MUST BE BLANK

1-110-07R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD. ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII. TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT

IF NAS EXCEPTION REASON = BLANK AND

PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF COLUMBIA
AND

((DRG = 480 AND BEGIN DATE OF CARE ≥ MARCH 1, 1997) OR

(DRG = 481 AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997))

NAS NUMBER MUST BE CODED.

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURRENCE OF	9	NONAVAILABILITY STATEMENT NOT PROVIDED
DENIAL REASON CODE	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE PAID IS > 0

IN WHICH CASE NAS NUMBER MUST BE BLANK

1-110-08R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII. TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

Chapter 5

Institutional Edit Requirements

Element Name: NAS Number (1-110) (Continued)

Z MANAGED CARE SUPPORT PRIME. MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

AND DRG = 104, 105, 106, 107, 108, 110, OR 111

AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)

OR NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA

AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997

NAS NUMBER MUST BE CODED

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURENCE OF DENIAL 9 NONAVAILABILITY STATEMENT NOT PROVIDED

REASON CODE 2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE IN > 0

IN WHICH CASE NUMBER MUST BE BLANK.

Institutional Edit Requirements**Element Name:** NAS Exception Reason (1-180)**Validity Edits**

VALUE MUST BE IN RANGE: 1 - 9, A - Q, OR BLANK

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
PATIENT ZIP CODE	SEE BELOW	SPONSOR BRANCH OF SERVICE, NAS NUMBER, DENIAL REASON CODE, ADMISSION DATE, PROGRAM INDICATOR
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	PATIENT ZIP CODE, ADMISSION DATE
TYPE OF INSTITUTION	SEE BELOW	PATIENT ZIP CODE, NAS NUMBER, ADMISSION DATE

Edited Element Relationship

1-180-02R IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA¹
 NAS EXCEPTION REASON MUST = BLANK
 UNLESS SPECIAL PROCESSING CODE = 'ST'.

1-110-03R IF NAS NUMBER IS CODED
 NAS EXCEPTION REASON MUST = BLANK.

1-180-04R IF BEGINNING DATE OF CARE ≥ 9/23/96
 AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF PATIENT ZIP CODE IS IN A CATCHMENT AREA¹ AND NAS NUMBER IS NOT CODED
 NAS EXCEPTION REASON MUST BE CODED

UNLESS

SPONSOR BRANCH OF SERVICE	C	CHAMPVA
HEALTH CARE PLAN CODE	11	MCS - FORT BRAGG DEMO

¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

Institutional Edit Requirements**Element Name: NAS Exception Reason (1-180) (Continued)**

ANY OCCURRENCE OF	9	NAS NOT PROVIDED
DENIAL REASON CODE	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS
ANY OCCURRENCE OF	C	GOOD FAITH PAYMENT
OVERRIDE CODE		
SPECIAL PROCESSING CODE	ST	SPECIALIZED TREATMENT
PROGRAM INDICATOR	H	PROGRAM FOR PERSONS WITH DISABILITIES OR
SPONSOR STATUS	T	NATO
IN WHICH CASE NAS EXCEPTION REASON MUST BE BLANK		
IF VOUCHER BRANCH OF	10	CONTINUED HEALTH CARE BENEFIT PROGRAM
SERVICE		
SPONSOR BRANCH OF		
SERVICE MUST BE	A	ARMY
	F	AIR FORCE
	M	MARINES
	N	NAVY
	E	PUBLIC HEALTH SERVICE
	I	NOAA
	P	COAST GUARD

1-180-05R IF BEGINNING DATE OF CARE \geq 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF ANY SPECIAL PROCESSING CODE = 3, 4, 6, 9, OR E (DEMONSTRATION) AND PATIENT ZIP CODE IS IN A CATCHMENT AREA¹

NAS EXCEPTION REASON MUST	9	DEMONSTRATION
UNLESS HEALTH CARE PLAN CODE	11	MCS - FORT BRAGG DEMO

IF ANY SPECIAL PROCESSING CODE = ('5' AND BEGIN DATE OF CARE < 04/01/95) OR 'T'

IF ANY SPECIAL PROCESSING CODE 5.7 LIVER/HEART TRANSPLANT

AND PATIENT ZIP CODE IS IN A CATCHMENT AREA¹¹ CATCHMENT AREA DETERMINATION IS BASED ON ADMISSION DATE.

Institutional Edit Requirements

Element Name: DRG Number (1-355) (Continued)

- 1-355-05R** IF SPECIAL RATE CODE = G, H, I, J, M, N, O, OR Q AND END DATE OF CARE ≥ 3/1/88
DRG NUMBER CAN = 474 OR 475
- 1-355-06R** IF ANY OCCURRENCE OF OVERRIDE CODE = 'Y'
DRG NUMBER MUST = ZERO.
- 1-355-07R** IF (DRG NUMBER = 104, 105, 106, 107, 108, 112 AND
PATIENT ZIP CODE IS IN EISENHOWER ARMY MEDICAL CENTER 200 MILE AREA AND
BEGIN DATE OF CARE ≥ MARCH 1, 1997) OR
(DRG NUMBER = 370, 372, 383, 604, 607, 611, 612, 613, 617, 618, 622, 626, 636 AND
PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA AND
BEGIN DATE OF CARE ≥ OCTOBER 1, 1997) OR
(DRG NUMBER = 104, 105, 106, 107, 108, 110, 111, 112, 124, 125 AND
PATIENT ZIP CODE IS IN KEESLER MEDICAL CENTER 200 MILE AREA AND
BEGIN DATE OF CARE ≥ OCTOBER 1, 1997)
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'.
- 1-355-08R** IF DRG NUMBER = ((480 AND BEGIN DATE OF CARE ≥ MARCH 1, 1997) OR
(481 AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997))
AND PATIENT ZIP CODE IS IN 48 CONTIGUOUS UNITED STATES AND DISTRICT OF
COLUMBIA
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'
UNLESS NAS EXCEPTION REASON = 0 OR K
- 1-355-09R** IF DRG NUMBER = 104, 105, 106, 107, 108, 110, OR 111
AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997
AND PATIENT ZIP CODE IS IN WALTER REED ARMY MEDICAL CENTER (WRAMC)
OR NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA
THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = 'ST'

Chapter 5

Institutional Edit Requirements

Element Name: DRG Grouper Edition (1-356)

Validity Edits

1-356-01 MUST BE '87', '88', '89', '90', '91', '92', '93', '94', '95', '96' OR BLANK-FILLED. (CODE VALUES WILL CHANGE YEARLY.)

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
DRG NUMBER	SEE BELOW	DRG NUMBER, SPECIAL PROCESSING CODE END DATE OF CARE, DRG NUMBER, SPECIAL PROCESSING CODE ADMISSION DATE, DRG NUMBER
END DATE OF CARE	SEE BELOW	
ADMISSION DATE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	

Edited Element Relationship

- 1-356-02R** IF DRG NUMBER = 000
DRG GROUPER EDITION MUST BE BLANK.
- IF DRG NUMBER ≠ 000
DRG GROUPER EDITION MUST BE A VALID CODE (NOT BLANK).
- 1-356-03R** DRG GROUPER EDITION MUST BE '87' OR GREATER WHEN
END DATE OF CARE ≥ 10/1/87 AND ≤ 02/29/88;
DRG NUMBER ≠ 000
SPECIAL PROCESSING CODE ≠ 'D' (INTERIM DRG BILLING).
- DRG GROUPER EDITION MUST BE '88' OR GREATER WHEN
END DATE OF CARE ≥ 03/1/88 AND ≤ 09/30/88;
DRG NUMBER ≠ 000
SPECIAL PROCESSING CODE ≠ 'D' (INTERIM DRG).
- 1-356-04R** DRG GROUPER EDITION MUST BE '88' OR GREATER WHEN
END DATE OF CARE ≥ 10/1/88;
ADMISSION DATE < 10/1/88;
DRG NUMBER ≠ 000
SPECIAL PROCESSING CODE ≠ 'D' (INTERIM DRG).
- 1-356-05R** DRG GROUPER EDITION MUST BE '89' OR GREATER WHEN
ADMISSION DATE ≥ 10/1/88 AND ≤ 9/30/89;
DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '90' OR GREATER WHEN
ADMISSION DATE ≥ 10/1/89 AND ≤ 9/30/90;
DRG NUMBER ≠ 000
- DRG GROUPER EDITION MUST BE '91' OR GREATER WHEN
ADMISSION DATE ≥ 10/1/90 AND ≤ 9/30/91;
DRG NUMBER ≠ 000
- 1-356-06R** DRG GROUPER EDITION MUST BE '88' OR GREATER WHEN
ADMISSION DATE < 10/1/88 AND > 02/29/88;
DRG NUMBER ≠ 000
SPECIAL PROCESSING CODE ≠ 'D' (INTERIM DRG).

Non-Institutional Edit Requirements

II. NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 100-144)

Element Name: Patient Zip Code (2-100)

Validity Edits

- 2-100-01** MUST BE 9 CHARACTERS. EITHER 9 DIGITS, OR 5 DIGITS (NOT 5 ZEROES OR 5 NINES) FOLLOWED BY 4 BLANKS. OR 2 CHARACTERS FOLLOWED BY 7 BLANKS. MUST NOT BE ALL ZEROES OR ALL NINES.
- 2-100-02** MUST BE VALIDATED BY MATCHING EITHER THE FIRST 3 DIGITS AGAINST ZIP CODE FILE, OR THE FIRST 2 CHARACTERS AGAINST FIGURE OF COUNTRY CODES.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NAS EXCEPTION REASON	SEE BELOW	
NAS NUMBER	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	
ENROLLMENT STATUS	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	

Edited Element Relationship

- 2-100-03R** IF NAS EXCEPTION REASON IS CODED
 PATIENT ZIP CODE MUST BE WITHIN A CATCHMENT AREA OR SPECIAL PROCESSING CODE = 'ST'.
- IF NAS EXCEPTION REASON = BLANK
 PATIENT ZIP CODE MAY BE EITHER WITHIN OR OUTSIDE CATCHMENT AREA(S).
- 2-100-04R** IF NAS NUMBER IS PRESENT
 PATIENT ZIP CODE MUST BE WITHIN A CATCHMENT AREA OR SPECIAL PROCESSING CODE = 'ST'.
- 2-100-05R** IF SPECIAL PROCESSING CODE 9 FORT DRUM COOPERATIVE MEDICAL CARE
 PATIENT ZIP CODE MUST BE IN THE FORT DRUM DEMONSTRATION PROJECT AREA
- 2-100-06R** IF ENROLLMENT STATUS = 'A', 'B', 'C', 'K', 'L', 'M', 'N' OR 'S'
 AND NO OCCURRENCE OF OVERRIDE CODE = 'S'
 PATIENT ZIP CODE MUST BE IN CALIFORNIA OR HAWAII.
- 2-100-07R** IF ENROLLMENT STATUS = 'H', 'T', 'J', 'O', 'P' OR 'Q'
 AND NO OCCURRENCE OF OVERRIDE CODE = 'S'
 PATIENT ZIP CODE MUST BE A VALID ZIP CODE FOR THE NEW ORLEANS COORDINATED CARE PROGRAM OR A BASE REALIGNMENT AND CLOSURE (BRAC) SITE. (SEE ADP Manual, Chapter 2, Addendum M)
- 2-100-08R** IF PROGRAM INDICATOR = 'T' (DENTAL)
 AND PATIENT ZIP CODE IS A VALID ZIP CODE FOR THE HOMESTEAD MANAGED CARE SUPPORT AREA (SEE ADP Manual, Chapter 2, Addendum M)

Element Name: **Patient Zip Code (2-100) (Continued)**

FI/CONTRACTOR NUMBER MUST = "45" (WISCONSIN PHYSICIANS SERVICE).

Non-Institutional Edit Requirements

Chapter 6

Element Name: Enrollment Status (2-105)

Validity Edits

2-105-01 MUST BE A-Z.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
OVERRIDE CODE	SEE BELOW	
SOURCE OF HEALTH CARE DATA (DERIVED)	SEE BELOW	
PROVIDER CONTRACT AFFILIATION CODE	SEE BELOW	
SPECIAL PROCESSING CODE	SEE BELOW	

Edited Element Relationship

2-105-02R	IF ANY OCCURRENCE OF OVERRIDE CODE ENROLLMENT STATUS MUST BE	Z	ENHANCED BENEFIT
		A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS HEALTH CARE PLAN
		N	NON-PRIME, e.g. EXTRA
		O	NEW ORLEANS PRIME
		P	NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS
		E	MANAGED CARE SUPPORT-TRICARE TIDEWATER PRIME
		H	MANAGED CARE SUPPORT - HOMESTEAD, ENROLLED PATIENT
		K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT
		U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
2-105-03R	IF SOURCE OF HEALTH CARE DATA (THIS IS A <u>DERIVED</u> ELEMENT) IS A CRI CONTRACTOR ENROLLMENT STATUS MUST BE	A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS HEALTH CARE PLAN
		E	MANAGED CARE SUPPORT-TRICARE -TIDEWATER PRIME

Non-Institutional Edit Requirements

Element Name: Enrollment Status (2-105) (Continued)

- G MANAGED CARE SUPPORT-TRICARE-TIDEWATER
EXTRA
- R TRICARE EXTRA - NORTH CAROLINA
- N NON-PRIME
- S CRI STANDARD CHAMPUS PROGRAM
- D MANAGED CARE SUPPORT-TRICARE-TIDEWATER
STANDARD CHAMPUS PROGRAM
- Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD
- AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA

IF SOURCE OF HEALTH CARE DATA IS AN FI

ENROLLMENT STATUS MUST

- F FI STANDARD CHAMPUS PROGRAM
- D MANAGED CARE SUPPORT-TRICARE-TIDEWATER
STANDARD CHAMPUS PROGRAM
- E MANAGED CARE SUPPORT-TRICARE -TIDEWATER
PRIME
- G MANAGED CARE SUPPORT-TRICARE-TIDEWATER
EXTRA
- H MANAGED CARE SUPPORT - HOMESTEAD,
ENROLLED PATIENT
- I MANAGED CARE SUPPORT - HOMESTEAD, NON-
ENROLLED PATIENT, NETWORK PROVIDER
- J MANAGED CARE SUPPORT - HOMESTEAD STANDARD
CHAMPUS PROGRAM
- Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD
- AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA
- R TRICARE EXTRA - NORTH CAROLINA

IF SOURCE OF HEALTH CARE DATA IS NEW ORLEANS DEMONSTRATION

ENROLLMENT STATUS MUST
BE

- O NEW ORLEANS PRIME
- P NEW ORLEANS NOT ENROLLED, NOT STANDARD
CHAMPUS
- Q NEW ORLEANS COORDINATED CARE STANDARD
CHAMPUS PROGRAM
- Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD
- AA CONTINUED HEALTH CARE BENEFIT PROGRAM
EXTRA

IF SOURCE OF HEALTH CARE DATA IS MANAGED CARE SUPPORT

Non-Institutional Edit Requirements**Element Name: Enrollment Status (2-105) (Continued)**

ENROLLMENT STATUS MUST =		K	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, ENROLLED PATIENT
		L	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII, NON- ENROLLED PATIENT, NETWORK PROVIDER
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
		O	NEW ORLEANS PRIME
		P	NEW ORLEANS NOT ENROLLED, NOT STANDARD CHAMPUS
		Q	NEW ORLEANS COORDINATED CARE STANDARD CHAMPUS PROGRAM
		T	MANAGED CARE SUPPORT -STANDARD CHAMPUS PROGRAM
		U	MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM
		V	MANAGED CARE SUPPORT - EXTRA
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
		AA	CONTINUED HEALTH CARE BENEFIT PROGRAM EXTRA
		R	TRICARE EXTRA - NORTH CAROLINA
		W	ACTIVE DUTY - USA
		X	ACTIVE DUTY - EUROPE
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
2-105-04R	IF PROVIDER CONTRACT AFFILIATION CODE	1	CONTRACTED
ENROLLMENT STATUS MUST NOT =		S	CRI STANDARD CHAMPUS PROGRAM FOUNDATION HEALTH PLAN
IF PROVIDER CONTRACT AFFILIATION CODE = '2' (NOT CONTRACTED)			
ENROLLMENT STATUS MUST NOT =		N	NON-PRIME
2-105-05R	ENROLLMENT STATUS MUST BE	A	FOUNDATION HEALTH PLAN
		B	PARTNERS HEALTH PLAN
		C	QUEENS HEALTH PLAN
		N	NON-PRIME

WHEN

PRICING CODE IN FIRST DETAIL OCCURRENCE IS 9.

2-105-06R	IF ENROLLMENT STATUS =	W	(GSU ACTIVE DUTY - USA)
		X	(ACTIVE DUTY - EUROPE)

AT LEAST ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST = AD (ACTIVE DUTY)

Chapter 6

Non-Institutional Edit Requirements

Element Name: NAS Number (2-110)

Validity Edits

2-110-01 IF NAS NUMBER IS CODED

POSITION 2 - 4 (DMIS FACILITY #), MUST BE VALID (USER SUPPLIED USE MTF NUMBERS).

POSITION 1 MUST BE ZERO.

POSITION 5 - 8 (JULIAN DATE; FORMAT YDDD), Y MUST BE 0 - 9, DDD MUST BE 001 - 366.

POSITION 9 - 11 (SEQUENCE #), MUST BE NUMERIC AND NOT ZERO.

OR

POSITION 1-2 MUST BE '46' OR '47' AND POSITION 3-11 MUST BE ZEROS, AND EITHER
BEGIN DATE OF CARE < 11/1/92 OR FILING STATE/COUNTRY CODE ≠ NUMERIC OR 'PR'.

IF NAS NUMBER IS NOT CODED, MUST BE BLANK-FILLED.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
NAS EXCEPTION REASON	SEE BELOW	TYPE OF SERVICE, PATIENT ZIP CODE, SPONSOR BRANCH OF SERVICE, DENIAL REASON CODE, CARE BEGIN DATE, PROGRAM INDICATOR
TYPE OF SERVICE	SEE BELOW	
PATIENT ZIP CODE	SEE BELOW	CARE BEGIN DATE

Edited Element Relationship

2-110-02R IF PATIENT ZIP CODE IS NOT IN A CATCHMENT AREA¹
NAS NUMBER MUST = BLANK
UNLESS SPECIAL PROCESSING CODE = 'ST'.

2-110-03R IF NAS EXCEPTION REASON IS NOT BLANK
NAS NUMBER MUST = BLANK.

2-110-04R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit Requirements**Element Name: NAS Number (2-110) (Continued)**U MANAGED CARE SUPPORT
PRIME, CIVILIAN PCMZ MANAGED CARE SUPPORT
PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

AND TYPE OF SERVICE (FIRST BYTE) = I, K, OR M.AND PATIENT ZIP CODE IS IN A CATCHMENT AREA¹NAS NUMBER MUST BE CODED, UNLESSSPONSOR BRANCH OF SERVICE = C (CHAMPVA) ORHEALTH CARE PLAN CODE 11 MCS FORT BRAGG DEMO ORANY OCCURRENCE OF 9 NON-AVAILABILITY STATEMENT NOT PROVIDED
DENIAL REASON CODE 2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

SPECIAL PROCESSING CODE ST SPECIALIZED TREATMENT

OR ANY OCCURRENCE OF OVERRIDE CODE = G (FORMER SPOUSE WITH PRE-EXISTING
CONDITION) ORPROGRAM INDICATOR H PROGRAM FOR PERSONS WITH DISABILITIES OR

SPONSOR STATUS T NATO

IN WHICH CASE NAS NUMBER MUST = BLANK

2-110-06R IF SPECIAL PROCESSING FLAG I BERGSTROM AIR FORCE BASE
J LUKE/WILLIAMS AFB CATCHMENT AREA

NAS NUMBER = 46000000000

2-110-07R IF NAS EXCEPTION REASON = BLANK

AND ONE PROCEDURE CODE = (ONE OF THE APPLICABLE (I.E., CODE BASED ON DATE OF
SERVICE) PROCEDURE CODES LISTED IN ADP Manual, Chapter 6, Addendum A, Figure 6-A-2a,
Figure 6-A-2a, Figure 6-A-2c, OR Figure 6-A-2d.AND TYPE OF SERVICE A FIRST BYTE
C
O
N

AND PATIENT ZIP CODE IS IN A CATCHMENT AREA

AND BEGIN DATE OF CARE > 11/1/91 AND < 9/23/96

NAS NUMBER MUST BE CODED.

UNLESSSPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR
SPONSOR STATUS = T (FOREIGN MILITARY) OR¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit RequirementsElement Name: **NAS Number (2-110) (Continued)**

HEALTH CARE PLAN CODE	11	MCS FORT BRAGG DEMO <u>OR</u>
ANY OCCURRENCE OF DENIAL REASON CODE	9	NONAVAILABILITY STATEMENT NOT PROVIDED
	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS
OR ANY OCCURRENCE OF OVERRIDE CODE	Q	FORMER SPOUSE WITH PRE-EXISTING CONDITION, <u>OR</u>
PROGRAM INDICATOR	H	PROGRAM FOR PERSONS WITH DISABILITIES

IN WHICH CASE NAS NUMBER MUST BE = BLANK

2-110-08R IF BEGINNING DATE OF CARE \geq 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

EXT.

IF NAS EXCEPTION REASON = BLANK AND

((PROCEDURE CODE = 33400-33690, 92975-92996 AND

PATIENT ZIP CODE IS IN THE EISENHOWER ARMY MEDICAL CENTER 200 MILE CATCHMENT AREA AND

BEGIN DATE OF CARE \geq MARCH 1, 1997) OR

(PROCEDURE CODE = 33010-36414, 36416-37799 AND

PATIENT ZIP CODE IS IN THE KEESLER MEDICAL CENTER 200 MILE AREA AND

BEGIN DATE OF CARE \geq OCTOBER 1, 1997))

NAS NUMBER MUST BE CODED.

UNLESSSPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR
SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURRENCE OF DENIAL REASON CODE	9	NONAVAILABILITY STATEMENT NOT PROVIDED
	2	INELIGIBLE CLAIMANT
	A	DEERS
	N	MULTIPLE DENIAL REASONS

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit Requirements**Element Name: NAS Number (2-110) (Continued)**OR AMOUNT OF OTHER HEALTH INSURANCE IS > 0

IN WHICH CASE NAS NUMBER MUST BE BLANK

2-110-09R IF BEGINNING DATE OF CARE ≥ 9/23/96
AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT
	U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

AND PATIENT ZIP CODE IS IN THE 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA

AND (PROCEDURE CODE = 47133, 47135 OR 47136 AND BEGIN DATE OF CARE ≥ MARCH 1, 1997)
OR

(PROCEDURE CODE = 38240 AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997)

NAS NUMBER MUST BE CODED,

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURRENCE OF DENIAL REASON CODE	9	NONAVAILABILITY STATEMENT NOT PROVIDED
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	2	INELIGIBLE CLAIMANT
--	---	---------------------

	A	DEERS
--	---	-------

	N	MULTIPLE DENIAL REASONS
--	---	-------------------------

OR AMOUNT OF OTHER HEALTH INSURANCE IS > 0

IN WHICH CASE NAS NUMBER MUST BE BLANK

2-110-10R IF BEGINNING DATE OF CARE ≥ 9/23/96 AND

ENROLLMENT STATUS	E	MANAGED CARE SUPPORT TRICARE TIDEWATER PRIME
	O	NEW ORLEANS PRIME
	H	MANAGED CARE SUPPORT HOMESTEAD ENROLLED PATIENT
	K	MANAGED CARE SUPPORT CALIFORNIA/HAWAII, TRICARE PRIME ENROLLED PATIENT

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.

Non-Institutional Edit Requirements**Element Name: NAS Number (2-110) (Continued)**

U MANAGED CARE SUPPORT PRIME, CIVILIAN PCM

Z MANAGED CARE SUPPORT PRIME, MTF/PCM

EXIT.

IF NAS EXCEPTION REASON = BLANK

AND PROCEDURE CODE = 36414, 36416 - 37799

AND PATIENT ZIP CODE IS IN THE WALTER REED ARMY MEDICAL CENTER (WRAMC)
OR THE NATIONAL NAVAL MEDICAL CENTER (NNMC) 200 MILE AREA

AND BEGIN DATE OF CARE ≥ OCTOBER 1, 1997

NAS NUMBER MUST BE CODED

UNLESS

SPONSOR BRANCH OF SERVICE = C (CHAMPVA) OR

SPONSOR STATUS = T (FOREIGN MILITARY) OR

ANY OCCURRENCE OF DENIAL 9 NONAVAILABILITY STATEMENT NOT PROVIDED

REASON CODE 2 INELIGIBLE CLAIMANT

A DEERS

N MULTIPLE DENIAL REASONS

OR AMOUNT OF OTHER HEALTH INSURANCE IS > 0

IN WHICH CASE NAS NUMBER MUST BE BLANK.

¹ FOR INTERIM BILLS CATCHMENT AREA DETERMINATION IS BASED ON EARLIEST CARE BEGIN DATE.